

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		11/15/99
O.I.P.E. CLASSIFIER		43	11/19/99
FORMALITY REVIEW	59573		12-3-99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	06	07	08	09	10	11	12	Date
1	0	1	✓	✓	✓	✓	✓	✓	✓	
2	2	2	✓	✓	✓	✓	✓	✓	✓	
3	3	3	✓	✓	✓	✓	✓	✓	✓	
4	4	4	✓	✓	✓	✓	✓	✓	✓	
5	5	5	✓	✓	✓	✓	✓	✓	✓	
6	6	6	✓	✓	✓	✓	✓	✓	✓	
7	7	7	✓	✓	✓	✓	✓	✓	✓	
8	8	8	✓	✓	✓	✓	✓	✓	✓	
9	9	9	✓	✓	✓	✓	✓	✓	✓	
10	10	10	✓	✓	✓	✓	✓	✓	✓	
11	11	11	✓	✓	✓	✓	✓	✓	✓	
12	12	12	✓	✓	✓	✓	✓	✓	✓	
13	13	13	✓	✓	✓	✓	✓	✓	✓	
14	14	14	✓	✓	✓	✓	✓	✓	✓	
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48	48	48	✓	✓	✓	✓	✓	✓	✓	
49	49	49	✓	✓	✓	✓	✓	✓	✓	
50	50	50	✓	✓	✓	✓	✓	✓	✓	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)